

PERSONAL REFERENCE FORM

Please choose A HIGH SCHOOL TEACHER, ADMINISTRATOR, JOB SUPERVISOR OR OTHER MATURE ADULT with whom you are well acquainted to complete this form. The person you choose should send the completed form directly to the Office of Admissions in a sealed envelope.

Office of Admissions

Asbury College

1 Macklem Drive

Wilmore, KY 40390-1198

Fax 606 858-3921

Section I (To be completed by applicant)

Last Name First Middle Telephone with Area Code (_____) _____

I ☐ **do** ☐ **do not** willingly waive my right to view the completed reference form knowing that this waiver will not influence the College's admission decision.

Applicant's Signature

Section II (To be completed by the applicant's choice for recommendation)

The Admissions Committee of Asbury College would appreciate your frank feedback regarding this applicant's character, reputation and promise of profiting from a college career at Asbury College.

Please use this space to give your opinion.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(See Reverse Side)





General Appraisal:

In summary, the applicant is:

- ☐ recommended.
- ☐ not recommended.
- ☐ I prefer not to make a recommendation.

Considering all qualifications, I believe at Asbury College the applicant will:

- ☐ do superior work.
- ☐ do above average work.
- ☐ do average work.
- ☐ encounter some difficulty.
- ☐ have significant difficulty.

Rate the applicant using the following chart:

| | Superior | Good | Average | Poor | Unknown |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperativeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courtesy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expression of Ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Industriousness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intelligence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity Related to Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Qualities of Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Scholarship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please accept our thanks
for your assistance.
Return this form in a
sealed envelope to:

**Office of Admissions
Asbury College
1 Macklem Drive
Wilmore, KY 40390-1198**

Signature Date

Name (please print or type)

Address (_____) Telephone with Area Code

State length and type of relationship to applicant



Asbury College alumnus? ☐ Yes ☐ No Year last attended? _____